



SITOX ITALIAN SOCIETY OF TOXICOLOGY

Application form

Annual fee € 50,00

SURNAME _____

NAME _____

BIRTH DATE _____

FISCAL CODE _____

PERSONAL ADDRESS _____

GRADUATION DEGREE _____

MASTER _____

SPECIALIZATION _____

CURRENT POSITION

SPECIFIC INTERESTS

INSTITUTION/AGENCY (fill in with the name of the institution/agency and its address)

Mobile Phone Number _____ E-mail _____

CONTACT ADDRESS (if different from the institution/agency one)

PLEASE ATTACH A CURRICULUM VITAE (MAX 2 PAGES) INCLUDING A PUBLICATIONS LIST

SIGNATURE OF PRESENTING MEMBERS (fill in with the name in block letters)

1) NAME _____ SURNAME _____ SIGNATURE _____

2) NAME _____ SURNAME _____ SIGNATURE _____



Date and signature of the applicant

Date _____

Signature _____

The Italian Society of Toxicology declares that the personal data communicated by the user are treated in accordance with the provisions of Legislative Decree 196/2003, as amended by Legislative Decree 101/2018, and with Community legislation (EU Regulation 2016 / 679) as specifically indicated in the privacy policy available on the Company's website at: <https://s3.eu-central-1.amazonaws.com/sitox-website/allegati/Informativa+Privacy+SITOX+Generica.pdf> that the user, by signing of this Agreement, declares to have fully viewed, understood and accepted.

Date _____

Signature _____

To be sent by e-mail to: Segreteria SITOX – Via Giovanni Pascoli, 3 – 20129 MILANO - e-mail:
Muriel.Bertomoro@sitox.org